



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

Written comments for House Judiciary Committee on HB 5175, 5482-5489
June 9, 2010

Chairman Meadows and Members of the Committee:

My name is Alan Bolter. I am associate director of the Michigan Association of CMH Boards. I understand that the main purpose of this package is to establish a uniform set of standards in order to determine if a juvenile is competent to stand trial and the process that goes along with those standards. While the Michigan Association of CMH Boards does not have an issue with the main concept of the legislation, we are concerned with potential implications of the bills' language as it pertains to the responsibility and costs for assessment services and restoration services for a juvenile who is deemed not competent to stand trial.

Currently in most cases the court has the responsibility for competency assessment and competency restoration services. The proposed legislation as currently written may be interpreted to shift the provision of competency assessment and restoration services to the public mental health system, with no funding mechanism. Under this legislation, the court will determine who provides the assessment and restoration services, but who would be responsible for paying for those services and the level of restoration services ordered are issues of concern not laid out in this legislation. Furthermore, what happens if a juvenile cannot become competent, would these juveniles stay in the mental health system?

The goal of our publicly funded CMH system is to provide treatment to a child with serious emotional disturbance or a child with developmental disabilities. Our member boards and their provider networks are not funded to provide competency assessment or competency restoration services. We do not believe our members could use state or federal dollars earmarked for treatment services to provide competency-related services that are judicially ordered.

Our current publicly funded CMH system is stretched to its limits. Additional unfunded mandates will continue to put stress on a fragile system. In the FY '10 budget, the non-Medicaid (General Fund) CMH services line in the DCH budget was reduced by \$40 million. Furthermore, the Senate passed version of the FY '11 DCH budget reduced the CMH services by \$57.5 million. The demand for mental health services is greater now than ever before. As funding continues to decrease, wait lists continue to grow for those individuals receiving non-Medicaid funded services. The scope of anticipated budget shortfalls in FY '11 will further erode treatment services, including those funded through Medicaid.

The Michigan Association of CMH Boards certainly appreciates the intent of this package, however, given our concerns as outlined, we can not support it. We would welcome the

opportunity to share our thoughts on specific language in a more conducive setting and appreciate your attention to our concerns.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Al Bolter", with a stylized flourish extending from the end.

Alan Bolter
Associate Director